

## Meeting Summary

### eHealth Technical Advisory Committee

March 2, 2010 12:00-1:30PM

*Please refer to the meeting slides and business requirements matrix spreadsheet posted on the TAC project space for additional information.*

#### Summary of Key Questions/Issues/Decision Points:

- Due to lack of a quorum, approval of the 2/23 meeting summary will be addressed at the next meeting.
- Co-chairs from both TAC and TWG will present the technical architecture and sit on the panel to ask/receive questions at the HIE Summit Meeting on 3/11.
- TAC is organizing into task groups for the purpose of evaluating the business requirements of HIE services to support prioritized meaningful use functions. Task groups will utilize a business requirements matrix developed for this work, and will focus initially on lab results reporting, eligibility determination, and exchange of key clinical information. A leader/facilitator is needed for the clinical information exchange group.

#### Next Steps:

- Any TAC members with suggestions for what to include in the TAC response to CalPSAB should email Scott Whyte ([Scott.Whyte@chw.edu](mailto:Scott.Whyte@chw.edu)) by Monday, 3/8.
- Co-chairs and staff will have a planning meeting for the upcoming HIE Summit to decide on timing issues as well as to coordinate presentation responsibilities.
- TAC members should review the Operational Plan prior to the Summit Meeting with a particular focus on the portions submitted by the other workgroups. A clean version will be made available on March 8 for public comment; prior to this, the plan can be viewed on the wiki. Members should submit their questions and comments about the Operational Plan to the co-chairs so that they can be raised during the meeting.
- Laura will send out an email to TAC explaining the context of the work and who the participants are for each task group, as well as soliciting volunteers to lead the clinical information task group.
- Laura, Jonah, and Walter will work together to identify and approach specific individuals to encourage them to participate on the appropriate task group(s).
- Task groups will provide updates of their progress at the 3/9 TAC meeting, and will submit their evaluations by Friday, 3/12 so that they can be reviewed at the 3/16 TAC meeting. An online survey will be sent out to members to fill out by 3/19 to finalize prioritization of services.
- Next meeting is scheduled for Tuesday 3/9 12-1:30PM.

## Detailed Summary

### Quorum

TAC did not reach a quorum of voting members during the call. The approval of the 2/23 meeting summary was therefore postponed until next week's call.

### TAC feedback to CalPSAB

Last week, Scott Whyte agreed to lead a subcommittee including Wayne Sass and Terry Hearn in formulating a statement that represents TAC's feedback to CalPSAB's current recommendations regarding acceptable use of HIE and patient consent. (Please refer to the 2/23 meeting summary for information about the relevant issues discussed.) Feedback from other subcommittee members on draft language will be received by Monday 3/8, whereupon a statement will be sent to TAC members by Friday 3/12 to be voted on at the 3/16 meeting. TAC members were encouraged to direct any suggestions on language to include in the statement to Scott ([Scott.Whyte@chw.edu](mailto:Scott.Whyte@chw.edu)).

### HIE Summit (Slide 3)

An in-person HIE Summit meeting will be held in Santa Ana, CA on Thursday, March 11. This will also be webcast for those who cannot attend the meeting in person. The purpose of the meeting is to discuss and resolve any cross-workgroup issues that may exist in the draft Operational Plan, so that a final harmonized, improved Operational Plan can be produced. In addition, representatives of the Governance Entity will be introduced.

While most workgroups have 25 minutes for presentation and Q&A, both the technical architecture and the finance committee have been given 1-hour time slots.

It was agreed upon by the committee to have the co-chairs from both TAC and TWG present the technical architecture and sit on the panel to ask/receive questions. Co-chairs and staff will have a planning meeting to decide on timing issues as well as coordinate presentation responsibilities.

TAC members were asked to review the Operational Plan prior to the Summit Meeting with a particular focus on the portions submitted by the other workgroups. A clean version will be made available on March 8 for public comment; prior to this, the plan can be viewed on the wiki. Members should submit their questions and comments about the Operational Plan to the co-chairs so that they can be raised during the meeting.

### Recent input on TAC process (Slide 4)

TAC members' recent input on possible process improvements was acknowledged, and some of the comments were shared briefly during the meeting. Please see the meeting slides for more detail. Suggestions included:

- Assign a single meeting chair

- Follow Robert's Rules of Order
- Consider TAC as an advisory group
- Put issues in a queue
- Form small groups as necessary to tackle problems
- Focus on developing a "health information highway" as a foundation
- Consider the technical architecture described in the Operational Plan as an incremental step towards further specification and decision-making

### Focus on business requirements

As a result of this input, the co-chairs and staff have formulated a go-forward approach to accomplish the work of the committee that involves forming task groups to focus on the development of business requirements for proposed services so that they can be prioritized appropriately on the road map. The idea is to effectively capture the business requirements for each shared service that is proposed so that these can be communicated to TWG, which will then work on appropriate technical solutions to meet those requirements.

### *Business Requirements Matrix*

To assist with this work, a business requirements matrix "evaluation grid" in the form of a spreadsheet template has been created that will help to organize and categorize the criteria by which each service proposed is evaluated. The columns of the spreadsheet are as follows, along with any substantive comments or edits made during the meeting (please refer to the actual spreadsheet for a detailed explanation of each column, available [here](#)):

- Meaningful Use Criterion
- Relevant HIE Capability
- Proposed Cooperative Shared HIE Service
- Relative Value – this should also include an explanation/justification of the assigned value
- Efficiencies Achieved
- Revenue Generating?
- Envisioned Purchasers of the Service
- Agreement/Conflict with TAC Principles – are there any particular TAC principles with which the proposed service agrees or conflicts with?
- Relative Effort – this should also include an explanation/justification of the assigned value
- Anticipated Barriers
- Aligned Incentives
- Must Have vs. Nice to Have
- Sequence
- Other Considerations – anything of importance that does not fit in the other columns should be documented here. This column should NOT be used instead of the other columns.

### *Areas of focus*

The three meaningful use areas of highest priority as previously determined by TAC are lab results reporting, exchange of key clinical information, and eligibility determination. Task groups will be assigned to these three areas first; additional meaningful use areas will be assigned as task groups complete their initial assignments.

#### *Calendar*

Task groups will provide updates of their progress at the 3/9 TAC meeting, and will submit their evaluations by Friday, 3/12 so that they can be reviewed at the 3/16 TAC meeting. An online survey will be sent out to members to fill out by 3/19 to finalize prioritization of services.

#### *Task group assignments*

Members were asked to volunteer to serve on one or more of the task groups, resulting in the following assignments:

- Eligibility determination – Lucia Savage (convener)
- Lab results reporting – Gwen Doebbert (lead), Jonah, Linette Scott
- Exchange of key clinical information – Rama Khalsa, Terri Shaw

As no one volunteered to lead the clinical information exchange group during the meeting, this position is TBD. Leads/convener will be responsible for coordinating task group meetings, facilitating discussions, and assembling/sending the work product to the larger group.

#### *Action Items*

- Laura Landry agreed to send out an email to TAC explaining the context of the work and who the participants are for each task group, as well as soliciting volunteers to lead the clinical information task group.
- Laura, Jonah, and Walter will work together to identify and approach specific individuals to encourage them to participate on the appropriate task group(s).

#### *Lab results reporting example*

The remaining time was spent going through the business requirements matrix using the example of lab results. Please refer to the actual spreadsheet posted on the project space to view the outcome of the exercise. Discussion points that helped to shape what was entered include:

- There are state legal considerations that restrict what lab results can be delivered electronically to which providers.
- Currently, EHR to lab interfacing costs are high, and providers must pay for separate interfaces for every lab with which they would like to communicate.
- There is a requirement for high-quality services in order to avoid the introduction of errors in the data being exchanged.

Members Present

<b>Name</b>	<b>Title and Organizaton</b>
Dave Bass	CA Dept. of Health Care Services
Rim Cothren	TWG Liaison
Jonah Frohlich	Deputy Secretary of Health IT, CHHSA
Terri Hearn	National Manager for Health Information Technologies, Wellpoint
Ron Jimenez	Associate Medical Director, Clinical Informatics, Santa Clara Valley Health & Hospital System
Scott Joslyn	CIO, Memorial Care
David Joyner	SVP, Network mgmt, Blue Shield of California
Rama Khalsa	Health Director, County of Santa Cruz
Laura Landry	Executive Director, Long Beach Network for Health
Ronald Leeruangsri	County of Los Angeles Chief Executive Office
Mason Matthews	County of Los Angeles Chief Executive Office
Ray Parris	CIO, Golden Valley Health Center
Wayne Sass	CIO and Privacy Officer, Nautilus Healthcare Management Group
Lucia Savage	Assoc. General Counsel, United Health Care
Linette Scott	Deputy Director, Department of Public Health
Terri Shaw	Deputy Director, Children's Partnership

Staff Present

<b>Name</b>
Walter Sujansky
Tim Andrews
Peter Hung